



19-0659

Appendix H

**DONALD W. WYATT DETENTION FACILITY  
INCIDENT REPORT PACKAGE LIST OF CONTENTS**

<b>Date:</b> 06-05-2019		<b>Time:</b> 11:29		<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	<b>IR Number:</b>
<b>Incident Class:</b>		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 TYPE M		<b>Incident Location:</b> [REDACTED]	
<b>INCIDENT TYPE</b>					
<input type="checkbox"/> ESCAPE	<input type="checkbox"/> STAFF ASSAULT		<input type="checkbox"/> ATTEMPTED SEXUAL ASSAULT		
<input type="checkbox"/> ATTEMPTED ESCAPE	<input type="checkbox"/> DETAINEE ASSAULT		<input type="checkbox"/> SEXUAL ASSAULT		
<input type="checkbox"/> RIOT	<input type="checkbox"/> DETAINEE ON DETAINEE FIGHT		<input type="checkbox"/> ATTEMPTED SUICIDE		
<input type="checkbox"/> DISTURBANCE	<input type="checkbox"/> CALCULATED USE OF FORCE		<input checked="" type="checkbox"/> CONSTANT OBSERVATION WATCH		
<input type="checkbox"/> EMERGENCY FACILITY LOCKDOWN	<input type="checkbox"/> SPONTANEOUS USE OF FORCE		<input checked="" type="checkbox"/> MEDICAL EMERGENCY		
<input type="checkbox"/> FIRE	<input type="checkbox"/> SERIOUS BREACH OF SECURITY		<input type="checkbox"/> HOSPITAL DETAIL		
<input type="checkbox"/> OTHER (SPECIFY):					
<b>INCIDENT DESCRIPTION</b>					
On Wednesday June 5, 2019 at approximately 11:29am, Officer [REDACTED] initiated a code white in [REDACTED] stating Detainee [REDACTED] was self-harming himself.					
<b>Report Forms</b>				<b>Attached</b>	<b># of Pages</b>
1. Incident Report				Yes	1
2. Investigation Report					
3. Incident Report Supplemental Pages				Yes	2
4. Medical Incident Report				Yes	1
5. Summary of Assault on Staff					
6. Incident Summary Report (Class 1 and 2)				Yes	3
7. Use of Force Report					
8. Physical Evidence/Chain of Custody form					
9. Emergency call list					
11. Administrative Detention Order					
12. Disciplinary Report					
13. Disciplinary Hearing Report					
14. Supplemental Interview (Detainee Interviews)					
15. Health Evaluation for Restrictive Housing Placement					
16. Motor Vehicle Accident Report					
17. Investigation report					
18. Photographs					
19. Audio/Video Media				Yes	1
20. Miscellaneous Documents: Commitment Summary				Yes	1
21. Copy of BOS ICE Email				Yes	1
22. Inventory					
23. Constant observation watch form				Yes	1
<b>Total number of pages (including this page) →</b>					<b>12</b>
<b>Reviewed by:</b> Captain [REDACTED]				<b>Date:</b> 06-05-2019	

Appendix G

**DONALD W. WYATT DETENTION FACILITY  
SIGNIFICANT INCIDENT SUMMARY AND USE OF FORCE REPORT**

<b>Date:</b> 06-05-2019		<b>Time:</b> 11:29 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		<b>IR Number:</b>	
<b>Incident class:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2		<b>Type:</b> M		<b>Incident location:</b> [REDACTED]	
<input type="checkbox"/> ATTEMPTED ESCAPE	<input type="checkbox"/> STAFF ASSAULT	<input type="checkbox"/> FIRE			
<input type="checkbox"/> ESCAPE	<input type="checkbox"/> DETAINEE ASSAULT	<input type="checkbox"/> RIOT			
<input type="checkbox"/> ATTEMPTED SEXUAL ASSAULT	<input type="checkbox"/> DETAINEE ON DETAINEE FIGHT	<input type="checkbox"/> DISTURBANCE			
<input type="checkbox"/> SEXUAL ASSAULT	<input type="checkbox"/> CALCULATED USE OF FORCE	<input type="checkbox"/> SERIOUS BREACH OF SECURITY			
<input type="checkbox"/> ATTEMPTED SUICIDE	<input type="checkbox"/> SPONTANEOUS USE OF FORCE	<input type="checkbox"/> EMERGENCY FACILITY LOCKDOWN			
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> MEDICAL EMERGENCY	<input type="checkbox"/> DESTRUCTION OF FACILITY PROPERTY			
<input checked="" type="checkbox"/> CONSTANT OBSERVATION WATCH	<input type="checkbox"/> HOSPITAL DETAIL				
<input type="checkbox"/> <b>OTHER (SPECIFY):</b>					

**Name and Title of Staff Member(s) Involved:**

Captain [REDACTED], Sergeant [REDACTED] and Sergeant [REDACTED]

**Detainee(s) involved:**

NAME	AGENCY	BOOKING#	BOOKING DATE	DATE OF BIRTH	RACE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**SUMMARY of INCIDENT AND EACH STAFF PERSON'S PARTICIPATION**

On June 5, 2019 at approximately 11:29am, the [REDACTED] Officer initiated a code white (medical emergency) stating Detainee [REDACTED] # [REDACTED] was sticking a paperclip through his bottom and upper lips in cell [REDACTED]. It was reported by Officer [REDACTED] earlier in the morning that Detainee [REDACTED] expressed that he would not eat or comply with facility rules until he spoke to his deportation officer due to him being upset about his court situation. Security and medical staff arrived to [REDACTED] cell [REDACTED] and removed Detainee [REDACTED] from his cell. He was escorted from [REDACTED] to the health Service to be further evaluated by the facility Doctor, [REDACTED]. The Doctor removed the paperclip from Detainee [REDACTED]'s lips and questioned him on why he was self-mutilating himself. Detainee [REDACTED] continued to verbalize thoughts of self-harm. Due to his actions and statements he was placed on the facility constant observation watch in HSU [REDACTED]. An Officer was posted outside the cell with a video camera and log book. Major notified of the incident. Updates to follow.

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INCIDENT REPORT #: \_\_\_\_\_

## Comments/Action Taken:

Supplemental to SIR.

Date: 06-05-2019

Shift Commander Signature: Captain [REDACTED]

## 24hr review

(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date:

6-5-19

Time:

6:00 pm

## Comments/Action Taken:

Supplemental to SIR.

Approved ☒Denied ☐Modified ☐

Shift Commander / or higher authority signature: [REDACTED]

## Comments/Action Taken:

Proper procedures were followed. (D)

☐ Class 3 incident – Wardens signature is not applicable.

Major Signature:

6/6/19

## Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)

All reports reviewed, no further action required.  
[REDACTED] were notified of the Incident.

Date: 6/24/19

Warden Signature: [REDACTED]

cc: \_\_\_\_\_

19-0659

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, June 05, 2019 1:08 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]; [REDACTED]; [REDACTED]  
**Subject:** Detainee [REDACTED] # [REDACTED] / constant observation watch / 06-05-2019

Detainee [REDACTED] # [REDACTED]  
DOB: [REDACTED]  
Booking Date: [REDACTED]

On June 5, 2019 at approximately 11:29am, the [REDACTED] Officer initiated a code white (medical emergency) stating Detainee [REDACTED] # [REDACTED] was sticking a paperclip through his bottom and upper lips in cell [REDACTED]. It was reported by Officer [REDACTED] earlier in the morning that Detainee [REDACTED] expressed that he would not eat or comply with facility rules until he spoke to his deportation officer due to him being upset about his court situation. Security and medical staff arrived to [REDACTED] cell [REDACTED] and removed Detainee [REDACTED] from his cell. He was escorted from [REDACTED] to the health Service to be further evaluated by the facility Doctor, [REDACTED]. The Doctor removed the paperclip from Detainee [REDACTED]'s lips and questioned him on why he was self-mutilating himself. Detainee [REDACTED] continued to verbalize thoughts of self-harm. Due to his actions and statements he was placed on the facility constant observation watch in HSU [REDACTED]. Updates to follow.

Respectfully,

[REDACTED]  
Captain  
Wyatt Detention Center  
401-721-0393 Shift Commanders Office  
401-721-0387 Control Center  
[REDACTED]@wyattdetention.com



**DONALD W. WYATT DETENTION FACILITY  
INCIDENT REPORT****INCIDENT REPORT #:**

<b>Time of Incident:</b>	<b>11:29 am</b>	<b>Date of Incident :</b>	<b>6/5/19</b>	<b>Place Incident Occurred:</b>	<b>J-2, cell 11</b>
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<b>Time of Report :</b>	<b>11:59a m</b>	<b>Date of Report:</b>	<b>6/5/19</b>
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<b>Detainee Name :</b>	<b>[REDACTED] # [REDACTED]</b>	<b>Housing Unit:</b>	<b>[REDACTED]</b>
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<b>Codes &amp; Subject:</b>	<b>Code White</b>
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<b>FROM:</b>	<b>[REDACTED]</b>	<b>DEPARTMENT:</b>	<b>Security</b>
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On Wednesday, June 05, 2019, I, Officer [REDACTED] was posted as 118, [REDACTED] housing unit officer. During my shift at approximately 7:18am, Detainee [REDACTED] refused his breakfast meal tray. Detainee [REDACTED] expressed that he would not eat or comply with facility rules until he spoke to his deportation officer. At approximately 11:00am I went to speak with detainee [REDACTED] and noticed a thin piece of metal on his lips. When I approached him I noticed that it was piercing his bottom lip and upper lip. I, Officer [REDACTED] then attempted to deescalate Detainee [REDACTED] and see if he would remove the item. Detainee refused to remove the item so I, Officer [REDACTED] initiated the code white.////End of Report.////

<b>Reporting Staff Signature:</b>	<b>[REDACTED]</b>
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*Supervisors Action Taken*

**Detainee Was placed on constant observation watch due to self-mutilation. He will remain on constant watch until he is cleared by the facility mental health doctor.**

<b>Supervisor's Signature:</b>	<b>[REDACTED]</b>	<b>Date: 06-05-2019</b>
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<b>Shift Commander's Review and Designation of Class and Type:</b>	<input type="checkbox"/> Class 1	<input checked="" type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
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<b>Type of Incident: M</b>
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INCIDENT REPORT #: \_\_\_\_\_

Appendix B  
Page 2 of 2

**Comments/Action Taken:**

Supplemental to first action taken.

Date: 06-05-2019

Shift Commander Signature: \_\_\_\_\_

**24hr review**

(Conducted by the oncoming Shift Commander or higher authority not involved in the incident)

Date:

6-5-19

Time:

6:25p

**Comments/Action Taken:**

Supplemental to SIR

Approved ☒

Denied ☐

Modified ☐

Shift Commander / or higher authority Signature: \_\_\_\_\_

**Comments/Action Taken:**

Proper procedures were followed. (C)

☐ Class 3 incident – Wardens signature is not applicable.

Major Signature: \_\_\_\_\_

6/6/19

**Comments/Action Taken: (Class 1 or Class 2 Incidents – Class 3 if applicable)**

Date:

Warden Signature: \_\_\_\_\_





**DONALD W. WYATT DETENTION FACILITY**  
**INCIDENT REPORT- SUPPLEMENTAL PAGE**

19-0659

Date:	6-5-19	Time:	10:29	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	IR Number:	
Incident Class:	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Type:				M
Incident Location:	[REDACTED]				Housing Unit:	[REDACTED]
Prepared By:	[REDACTED]				Title:	Sergeant

Narrative:	Code White
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On Wednesday May 6, 2019, I, Sergeant [REDACTED] responded to a Code White in [REDACTED] cell at approximately 10:29am. Once I arrived to the cell I seen Detainee [REDACTED] # [REDACTED] sitting up on his bottom bunk with a paper clip penetrated through his top and bottom lip. I immediatly secured his right wrist to restrained him to prevent him from injuring himself more and to apply wrist restraints. I applied the wrist restaints on him in the cell and escorted him to the medical department for further medical care and evaluation. Once we entered medical Nurse [REDACTED] was speaking to him, to inform him what staff and the Doctor was going to do to treat. The Doctor took out the paperclip from his lips with no issue and there was no bleeding. The Detainee told Nurse [REDACTED] that he was going to hurt himself again. At that time I notified Captain [REDACTED] that we are going to place him on a constant watch. I assisted him to HSU cell [REDACTED] and removed all clothing from him. He was then given a suicide mattress and smock. /// End of Report.///

[REDACTED]

Reporting Employee Signature:	[REDACTED]	Title:	Sergeant
Date: 6-5-19	Time: 12:50	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Type: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Summary



19-0659

# DONALD W. WYATT DETENTION FACILITY

## INCIDENT REPORT- SUPPLEMENTAL PAGE

Date:	Jun 5, 2019	Time:	11:29	★AM <input type="checkbox"/> PM	IR Number:	
Incident Class:	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	Type:	M			
Incident Location:				Housing Unit :		
Prepared By:	Sergeant			Title:	Sergeant	
Narrative:	Code White					

Wednesday June 5, 2019 at approximately 11:29M, I Sergeant [REDACTED] responded to a Code White in [REDACTED] initiated by Officer [REDACTED]. Upon entering the cell I noticed that Detainee [REDACTED] # [REDACTED] was sitting on his bunk and I inserted a paperclip through the top and bottom of his lip. I assisted SGT [REDACTED] in cell [REDACTED] in securing Detainee [REDACTED] arm while he applied hand restraints on the detainee. Once Detainee [REDACTED] was in the [REDACTED] sally port, I applied leg traints onto Detainee [REDACTED]. The Detainee was escorted to Health Services Unit and was evaluated by medical staff. Due Detainee [REDACTED] comments, he was placed on a constant watch in HSU cell [REDACTED]. ----- end of statement-----

porting Employee Signature: [REDACTED] Title: Sergeant

te: June 5, 2019 Time: 1:00 ☐ AM ☒ PM Type: ☒ Individual ☐ Summary

**DONALD W. WYATT DETENTION FACILITY**  
Commitment Summary Report

Full Name: [REDACTED]

SID #: [REDACTED]

Permanent ID#: [REDACTED]

Booking #: [REDACTED]

Jurisdiction: [REDACTED]

Arrested By: [REDACTED]

Transported By: [REDACTED]

Admission Type: [REDACTED]

Booking Date/Time: [REDACTED]

Birth Date: [REDACTED]

Current Age: [REDACTED]

Race: [REDACTED]

Marital Status: [REDACTED]

SSN: XXX-XX-XXXX

Height: [REDACTED]

Weight: [REDACTED]

Eye Color: [REDACTED]

Hair Color: [REDACTED]

Complexion: [REDACTED]

Build: [REDACTED]

Release Date: [REDACTED]

Booking Officer: 631

Shift: 1

Sex: M

Property Bag #: [REDACTED] Housing: [REDACTED]

Gang: [REDACTED]

Scars, Marks, Tattoos:

Enemies:

Known Aliases:

Type:  
Officer ID#  
Start Date:  
End Date:  
Reason:  
Notes:**Booking Notes:**

New committ

Property searched

Phone call offered

Shower offered

Offense Date:

Offense#:

Offense Description:

Grade:

Sentence Date:

Notes:

